

jc923 U.S. PTO
12/04/00

ATTORNEY DOCKET NO.: P-8573

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

PATENT
Total Pages _____

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: MARC HENDRIKS
TITLE: MEDICAL DEVICE AND METHOD OF USE

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

jc862 U.S. PTO
09/22/00
12/04/00

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 45 (including claims and abstract): Spec. 36 sheets; Claims 7 sheets; Abstract - 1 sheet.

X Drawings:

Total sheets: _____
☐ formal ☐ informal

X Combined Declaration and Power of Attorney:

- ☒ newly executed
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

X Accompanying application parts:

- ☐ Notification of filing a
☐ Assignment of the Invention to Medtronic, Inc.
☐ Assignment cover sheet of prior application
☐ Information Disclosure Statement
☐ PTO Form 1449
☐ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____.
- ☐ Amend the specification by inserting before the first line the sentence: This application is a X continuation
☐ division ☐ continuation in part of application number _____, filed _____.
- ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: Medtronic, Inc.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s)_____, filed_____.

☒ Address all future correspondence to: Thomas F. Woods, Reg. No 36,726
Medtronic, Inc., MS 301
7000 Central Avenue NE
Minneapolis, Minnesota 55432
Telephone: (763) 514-3652
+31 43 356 6845

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	54	20 =	34	x 18	\$ 612
Independent Claims	08	03 =	05	x 80	\$ 400
Multiple Dependent Claims				+ 260	
Basic Filing Fee					\$ 710
TOTAL					\$ 1722

Charge Deposit Account No. 13-2546 the sum of **\$ 710.00** (Filing Fee) and **\$ 1012.00** (extra claims) for a total of **\$ 1722.00**.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

12-1-00



Thomas F. Woods, Reg. No. 36,726
MEDTRONIC, INC.
7000 Central Avenue N.E.
Minneapolis, Minnesota 55432
Telephone: (763) 514-3652
+31 43 356 6845